

# Sun Life Prosperity Funds Auto-Invest Cancellation Form



Sun Life Centre, 5th Avenue, corner Rizal Drive, Bonifacio Global City, 1634 Taguig City, Philippines  
For inquiries, please call (632)849-9888 or e-mail sunlink@sunlife.com

## I. Account Holder Information

MF Account No:

Individual/Joint Account

Corporate or Trust Name

Full Name of Investor/Trustee (LAST NAME, FIRST NAME, MIDDLE NAME/FULL COMPANY NAME) (include co-investor's name, if any)

Mobile Number

E-mail

## II. Bank Account Information

Bank

Branch

Account Number

Account Type

Current Account

Savings Account

## III. Cancellation Request

I hereby request for the deactivation of my enrolment to the Auto-Invest facility for the selected fund below:

Please check

Fund Name

|                          |  |                          |   |
|--------------------------|--|--------------------------|---|
| <input type="checkbox"/> | Sun Life Prosperity Balanced Fund  | <input type="checkbox"/> | Sun Life Prosperity Philippine Equity Fund      |
| <input type="checkbox"/> | Sun Life Prosperity Bond Fund  | <input type="checkbox"/> | Sun Life Prosperity Philippine Stock Index Fund |
| <input type="checkbox"/> | Sun Life Prosperity GS Fund  | <input type="checkbox"/> | Other Funds                                     |
| <input type="checkbox"/> | Sun Life Prosperity Peso Starter Fund<br>(Formerly, Sun Life Prosperity Money Market Fund) |                          |   |

### Reason for deactivation

### For Individual/Joint Accounts

|                                 |                    |                                   |                    |
|---------------------------------|--------------------|-----------------------------------|--------------------|
| Signature of Principal Investor | Date<br>DD/MM/YYYY | Signature of Co-Investor (if any) | Date<br>DD/MM/YYYY |
|---------------------------------|--------------------|-----------------------------------|--------------------|

### For Corporate Accounts

|                        |                    |                        |                    |
|------------------------|--------------------|------------------------|--------------------|
| Authorized Signatory 1 | Date<br>DD/MM/YYYY | Authorized Signatory 2 | Date<br>DD/MM/YYYY |
|------------------------|--------------------|------------------------|--------------------|

### Terms and Conditions

1. This form must be submitted at least seven (7) calendar days prior to your existing subscription date. Otherwise, cancellation requests will be effective on the next subscription schedule.
2. Terms and conditions of the Auto-Invest Enrollment Form apply.

